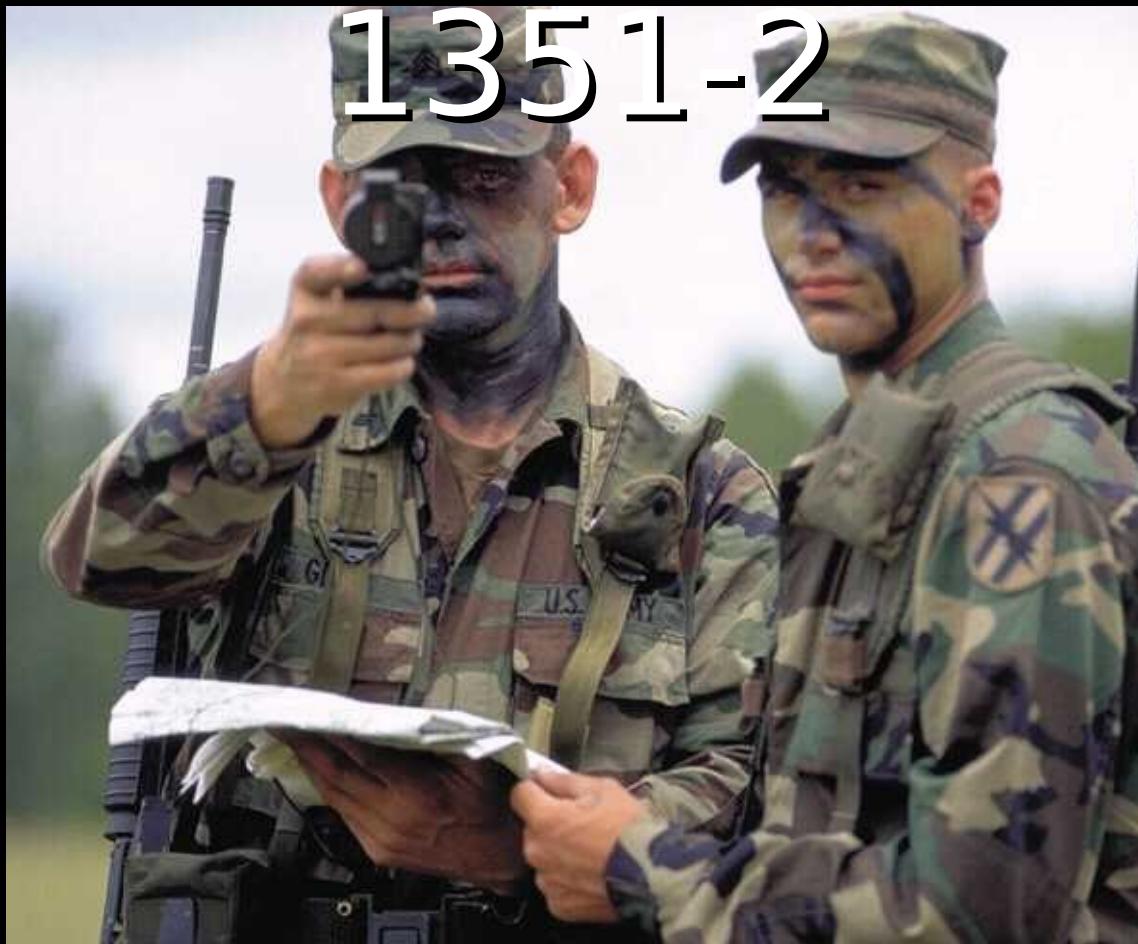


# FILLING OUT YOUR DD

1351-2



## TRAVEL PAY

SERVICES

# TRAVEL VOUCHER

## DD1351-2

# TRAVEL VOUCHER

## DD1351-2

TRAVEL VOUCHER OR SUBVOUCHER			Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.		
1. PAYMENT	<b>SPLIT DISBURSEMENT:</b> The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor. <input type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check <input type="checkbox"/> Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ _____				
2. NAME (Last, First, Middle Initial) (Print or type)	3. GRADE	4. SSN	5. TYPE OF PAYMENT (X as applicable)		
6. ADDRESS. a. NUMBER AND STREET	b. CITY	c. STATE	d. ZIP CODE	TDY	Member/Employee
e. E-MAIL ADDRESS				PCS	Other
7. DAYTIME TELEPHONE NUMBER & AREA CODE	8. TRAVEL ORDER/AUTHORIZATION NUMBER	9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES			Dependent(s)
			10. FOR D.O. USE ONLY		
			a. D.O. VOUCHER NUMBER		
11. ORGANIZATION					
12. DEPARTMENT					
a. NAME					
13. ITINERARY					
a. DATE					
14. POC					
15. REIMBURSEMENT					
a. DATE					
16. POC					
17. REIMBURSEMENT					
a. DATE					
18. POC					
19. REIMBURSEMENT					
a. DATE					
20. a. CLAIMANT SIGNATURE	b. DATE	c. SUPERVISOR SIGNATURE	d. DATE		
21. a. APPROVING OFFICER SIGNATURE	b. DATE				
22. ACCOUNTING CLASSIFICATION					
23. COLLECTION DATA					
24. COMPUTED BY	25. AUDITED BY	26. TRAVEL ORDER/AUTHORIZATION POSTED BY	27. RECEIVED (Payee Signature and Date or Check No.)		28. AMOUNT PAID
DD FORM 1351-2, DEC 2003					
PREVIOUS EDITION (JUL 2002) OF DD FORM 1351-2 MAY BE USED UNTIL SUPPLY IS EXHAUSTED.					
Reset					
Exception to SF 1012 approved by GSA/IRMS 12-91					

# TRAVEL VOUCHER

## DD1351-2

# TRAVEL VOUCHER

## DD1351-2

TRAVEL VOUCHER OR SUBVOUCHER		Read Privacy Act Statement, Penality Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue on remarks.				
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Electronic Fund Transfer (EFT) Payment by Check	Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$					
2. NAME (Last, First, Middle Initial) (Print or type)		3. GRADE	4. SSN		5. TYPE OF PAYMENT (X as applicable)	
6. ADDRESS. a. NUMBER AND STREET		b. CITY		c. STATE	d. ZIP CODE	TDY PCS Dependent(s)
e. E-MAIL ADDRESS		7. DAYTIME TELEPHONE NUMBER & AREA CODE				Member/Employee Other DLA
8. TRAVEL ORDER/AUTHORIZATION NUMBER		9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES				10. FOR D.O. USE ONLY
11. ORGANIZATION AND STATION						a. D.O. VOUCHER NUMBER b. SUBVOUCHER NUMBER
12. DEPENDENT(S) (X and complete as applicable)		13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)				c. PAID BY
a. NAME						
15. ITINERARY						
a. DATE	D A D A DEP	ARR	ARR	ARR	ARR	16. SUMMARY OF PAYMENT
						(1) Per Diem
						(2) Actual Expense Allowance
						(3) Mileage
16. POC TRAVEL (X one)	OWN/OPERATE	PASSENGER		17. DURATION OF TDY TRAVEL		
18. REIMBURSABLE EXPENSES				12 HOURS OR LESS		(4) Dependent Travel
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED			(5) DLA
						(6) Reimbursable Expenses
						(7) Total
						0.00
						(8) Less Advance
						0.00
						(9) Amount Owed
						(10) Amount Due
20. a. CLAIMANT SIGNATURE		b. DATE	c. SUPERVISOR SIGNATURE			d. DATE
21. a. APPROVING OFFICER SIGNATURE						b. DATE
22. ACCOUNTING CLASSIFICATION						
23. COLLECTION DATA						
24. COMPUTED BY	25. AUDITED BY	26. TRAVEL ORDER/AUTHORIZATION POSTED BY	27. RECEIVED (Payee Signature and Date or Check No.)			28. AMOUNT PAID

# TRAVEL VOUCHER

## DD1351-2

## ► **Bock 15 (ITINERARY):**

## ► Column a (date):

- Header line is for year;
- In blank spaces use calendar date,  
e.g. 26MAY
- Do not use times

# TRAVEL VOUCHER

## DD1351-2

## ► Block 15 Column b (place):

- **Show where TDY started (home or duty)**
- **Show all stops changing mode of travel**
- **Show overnight stops**
- **Show mission complete (final stop)**

# TRAVEL VOUCHER

## DD1351-2

## ► Block 15 Column c (mode of travel):

- **P = privately owned/operated**
- **C = commercial (own expense)**
- **G = government (HMMV/TMP)**
- **TR = transportation request (GTR)**
- **A = auto**
- **P = plane**
- **B = bus**

# TRAVEL VOUCHER

## DD1351-2

## ► Block 15 Column d (reason for stop):

- **AT = awaiting transportation**
- **AD = authorized delay**
- **LV = leave**
- **TD = TDY**
- **MC = mission complete**

# TRAVEL VOUCHER

## DD1351-2

## ► Block 15 Column e (lodging):

- **Total amount of lodging**

**Do NOT include taxes if TDY  
CONUS & possessions**

➤ **Block 15 Column f (miles):  
Mileage for POC travel for that  
leg of trip**

# TRAVEL VOUCHER

## DD1351-2

## ► Block 16: POC travel

- **Mark Owner/operator if responsible for operation/maintenance expense & used POC at any point during trip, e.g. to/from airport etc.**
- **If owner/operator & passenger for different legs of trip - mark owner & clarify in remarks when you were**

# TRAVEL VOUCHER

## DD1351-2

## ➤ Block 17 (Duration of TDY travel):

- **Mark appropriate block**
  - **12 hours or less**

# TRAVEL VOUCHER

## DD1351-2

## ► **Block 18 (Reimbursable expenses):**

- Column a: date expense occurred
- Column b: type expense, e.g. hotel taxes, tolls
- Column c: amount of expense

# TRAVEL VOUCHER

## DD1351-2

## ► **Block 19 (government/deductible meals):**

- **Column a: date**

# TRAVEL VOUCHER

## DD1351-2

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Electronic Fund Transfer (EFT) Payment by Check		Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ _____															
2. NAME (Last, First, Middle Initial) (Print or type)		3. GRADE		4. SSN		5. TYPE OF PAYMENT (X as applicable)											
						<input type="checkbox"/> TDY <input type="checkbox"/> PCS <input type="checkbox"/> Dependent(s) <input type="checkbox"/> Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> DLA											
6. ADDRESS. a. NUMBER AND STREET		b. CITY		c. STATE	d. ZIP CODE	7. DAYTIME TELEPHONE NUMBER & AREA CODE		8. TRAVEL ORDER/AUTHORIZATION NUMBER		9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES		10. FOR D.O. USE ONLY					
												<input type="checkbox"/> a. D.O. VOUCHER NUMBER  <input type="checkbox"/> b. SUBVOUCHER NUMBER					
11. ORGANIZATION AND STATION												<input type="checkbox"/> c. PAID BY					
12. DEPENDENT(S) (X and complete as applicable)		13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)						14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)		15. ITINERARY							
<input type="checkbox"/> ACCOMPANIED  <input type="checkbox"/> a. NAME (Last, First, Middle Initial)		<input type="checkbox"/> UNACCOMPANIED  <input type="checkbox"/> b. RELATIONSHIP <input type="checkbox"/> c. DATE OF BIRTH OR MARRIAGE						<input type="checkbox"/> YES  <input type="checkbox"/> NO (Explain in Remarks)		<input type="checkbox"/> d. COMPUTATIONS							
<input type="checkbox"/> DEP  <input type="checkbox"/> ARR  <input type="checkbox"/> DEP  <input type="checkbox"/> ARR		<input type="checkbox"/> b. PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.)						<input type="checkbox"/> e. MEANS/ MODE OF TRAVEL  <input type="checkbox"/> f. REASON FOR STOP  <input type="checkbox"/> g. LODGING COST  <input type="checkbox"/> f. POC MILES		<input type="checkbox"/> 16. POC TRAVEL (X)  <input type="checkbox"/> 18. REIMBURSABLE  <input type="checkbox"/> a. DATE							
<input type="checkbox"/> 20. a. CLAIMANT SIG  <input type="checkbox"/> 21. a. APPROVING OF  <input type="checkbox"/> 22. ACCOUNTING CI												<input type="checkbox"/> .00  <input type="checkbox"/> .00  <input type="checkbox"/> EALS					
23. COLLECTION DATA																	
24. COMPUTED BY		25. AUDITED BY		26. TRAVEL ORDER/AUTHORIZATION POSTED BY		27. RECEIVED (Payee Signature and Date or Check No.)		28. AMOUNT PAID									
DD FORM 1351-2, DEC 2003												PREVIOUS EDITION (JUL 2002) OF DD FORM 1351-2 MAY BE USED UNTIL SUPPLY IS EXHAUSTED.		Reset		Exception to SF 1012 approved by GSA/IRMS 12-91	

### Block 20:

- Column a: Traveler's signature
- Column b: Date (must be dated & date cannot be prior to last day travel)
- Column c: Supervisor's signature (must be signed by "reviewer" - see reviewer's checklist)
- Column d: Date signed (must be dated & date signed cannot be prior to last day travel)

# TRAVEL VOUCHER

## DD1351-2

# TRAVEL VOUCHER

## DD1351-2

### PRIVACY ACT STATEMENT

**AUTHORITY:** 5 U.S.C. Section 5701, 37 U.S.C. Sections 404 - 427, 5 U.S.C. Section 301, DoDFMR 7000.14-R, Vol. 9, and E.O. 9397.

**PRINCIPAL PURPOSE(S):** This record is used for reviewing, approving, accounting, and disbursing money for claims submitted by Department of Defense (DoD) travelers for official Government travel. The Social Security number (SSN) is used to maintain a numerical identification filing system for filing and retrieving individual claims.

**ROUTINE USE(S):** Disclosures are permitted under 5 U.S.C. 552a(b), Privacy Act of 1974, as amended. In addition, information may be disclosed to the Internal Revenue Service for travel allowances, which are subject to Federal income taxes, and for any DoD "Blanket Routine Use" as published in the Federal Register.

**DISCLOSURE:** Voluntary; however, failure to furnish the information requested may result in total or partial denial of the amount claimed.

### PENALTY STATEMENT

There are severe criminal and civil penalties for knowingly submitting a false, fictitious, or fraudulent claim (U.S. Code, Title 18, Sections 287 and 1001 and Title 31, Section 3729).

ITE

### ➤ Remarks:

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• Use to clarify anything out of the ordinary

• Travel related issues not straightforward on form

• Exchange rates for foreign currency

• Indicate leave

29. REI

INDICATE DATES ON WHICH LEAVE WAS TAKEN:

# Did You Know??



- Requirement for all soldiers;  
sign-up at <http://www.Us.Army.Mil>
- Automatically Sends Email to:
  - Notify Traveler When Voucher is Received by Servicing DFAS
  - Notify Traveler When Payment is Disbursed and the Amount
- Provide Contact Information to Traveler for Servicing DFAS

# Did You Know??



- Allows customer electronic access to:
  - **LES View/Print**
  - **Travel Voucher View**
  - **DFAS Vouchers Paid Within Last 6 Months**

<http://mypay.dfas.mil/>

TRAVEL PAY SERVICES  
IVRS

**1-800-332-7366 or DSN: 699**

- Allows traveler to check (for past 90 days):
  - **Receipt of voucher**
  - **Payment of voucher**

# SPLIT DISBURSEMENT

*Avoid  
Late  
Payments!*

*Fast  
and  
Reliable!*

- ✓ Department of Army has directed mandatory split payments for all military
- ✓ (EFT) payments only--not check payments
- ✓ Any portion or all of the travel payment can be sent to Bank of America charge card account
- ✓ Reviewing Official and Traveler determine Amount to be sent to BOA
- ✓ Any Voucher not having a check in Block 1 will not be processed. DFAS will attempt to call and resolve within 48 hours.

# ***REIMBURSABLE EXPENSES***

**ATM Fees:** Service members that

- 1) do not have a government charge card and
- 2) use their personal card

can be reimbursed any fees for making a withdrawal for travel.

Must  
Be

Authorized!

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**Room Taxes:** If travel occurred CONUS, room taxes should be claimed in Block 18 (separately from lodging expense). If OCONUS, do not separate expense.

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**PA miles:** The rate for POC mileage has been changed to \$.375 cents per mile.

# Top 10 Reasons For Problem Vouchers

- ✓ **Missing Traveler/Reviewer/Approving Official Signatures/Dates**
- ✓ **Missing Orders**
- ✓ **Missing Receipts/ Invalid Receipts**
- ✓ **Meals not Identified When Claiming Registration Fees**
- ✓ **Expenses Claimed but not Authorized in Orders**
- ✓ **Block for Mileage not checked/ Owner Operator not Claimed**
- ✓ **Incomplete Itinerary**
- ✓ **Traveler does not submit/Reviewer does not forward voucher within 5 business days of completion of travel**
- ✓ **ATM Expenses not Separated**

# ***HOW TO REACH US...***



## **ADDRESS**

**Defense Fin & Acctg Service - Orlando  
DFAS-PT/OR  
Box 934600  
2500 Leahy Drive  
Orlando, FL 32893-4600**

## **TOLL FREE:**

**DSN: 1-800-950-9784**

## **COMMERCIAL:**

**INTERACTIVE VOICE RESPONSE SYSTEM (IVRS): 1-888-332-7366**

**COMMERCIAL: 407-646-4369**

**DSN: 791-4369**

**E-mail: [dfas-or-travel2@dfas.mil](mailto:dfas-or-travel2@dfas.mil)**

**Hours of Operation: 0800 - 1530**